## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

400-260501

| (Column 1) (Column 2)   |   |   |                   |   |               |                  | SMALL ENTITY |                 |                        | OTHER THAN |                    |                        |
|---|---|---|-------------------|---|---------------|------------------|--------------|-----------------|------------------------|------------|--------------------|------------------------|
| F   | OTAL CLAIMS   | 2   | 1 ,               | ,   |               | lumn 2)          |              | PE [            |                        | OR         | SMALL              | ENTITY                 |
| TOTAL CLAIMS  |   |   | 103               |   |               |                  |              | RATE            | FEE                    | ]          | RATE               | FEE                    |
| FOR   |   |   | NUMBER FILED      |   | NUMBER EXTRA  |                  | ВА           | SIC FEE         | 385.00                 | OR         | BASIC FEE          | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | /03 minus 20= * X |   |               | 3                | ,            | <b>K</b> \$ 9=  |                        | OR         | X\$18=             | 1.094                  |
| <u> </u>  | DEPENDENT C   |   | 19 minus 3 = 16   |   |               | ·                | ;            | X43=            |                        | OR         | X86=               | 1323                   |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                   |   |               |                  | +            | 145=            |                        | OR         | +290=              | 11 = 4.                |
| * 11  | f the difference  | e in column 1 is                          | less than z       | s than zero, enter "0" in column 2        |               |                  | T            | OTAL            |                        | OR         | TOTAL              | REUD                   |
| CLAIMS AS AMENDED - PART II   |   |   |                   |   |               |                  |              |                 |                        |            | OTHER              | THAN                   |
|   |   |   |                   |   |               | (Column 3)       | _ SI         | MALL            | ENTITY                 | OR         | SMALL              |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO   | R<br>SLY      | PRESENT<br>EXTRA | R            | ATE             | ADDI-<br>TIONAL<br>FEE |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | **  |               | =                | ×            | \$ 9=           |                        | OR         | X\$18=             |                        |
| AME   | Independent   | *   | Minus             | ***                                       |               | =                | ×            | 43=             |                        | OR         | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                   |   |               |                  |              | 45=             |                        | OR         | +290=              |                        |
|   |   |   |                   |   |               |                  |              | TOTAL           |                        |            | · TOTAL            |                        |
|   |   | (Column 1)                                |                   | (Column                                   | 2)            | (Column 3)       | AUU          | IT. FEE         |                        | ,          | ADDIT. FEE         |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOR  | T<br>R<br>SLY | PRESENT<br>EXTRA | R            | ATE             | ADDI-<br>TIONAL<br>FEE |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | **  |               | =                | XS           | 9=              |                        | OR         | X\$18=             |                        |
| AME.  | Independent   | *   | Minus             | <del>###</del>                            |               | =                | X4           | 43=             |                        | OR         | X86=               |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |               |                  | -            |                 |                        |            |                    |                        |
|   |   |   |                   |   |               |                  |              | 45=             |                        | OR         | +290=              | •_                     |
|   |   |   |                   |   |               |                  |              | TOTAL<br>T. FEE |                        | OR A       | TOTAL<br>DDIT. FEE |                        |
| ·   |   |   |                   | •   | ٠,            | 4                | •            |                 |                        |            |                    |                        |
| MEN   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | LY            | PRESENT<br>EXTRA | RA           | TE              | ADDI-<br>FEE           |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | ##  |               | = .              | X\$          | 9=              |                        | OR         | X\$18=             |                        |
|   | Independent   |   | Minus             | ***                                       |               | =                | X4           | 3=              |                        |            | X86=               |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |               |                  |              | <del>-</del>    |                        | OR         |                    |                        |
| * If  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                   |   |               |                  |              |                 | ·                      | OR L       | +290=              |                        |
| *** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                   |   |               |                  |              |                 |                        |            |                    |                        |